



General dr. Ioan Vercescu (1840-1917), an emblematic romanian surgeon of his time

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Abstract. An emblematic, yet forgotten personality, General Dr. Ioan P. Vercescu (1840-1917/1918) was a military physician formed when university-level medical-surgical and pharmaceutical education in Romania started to develop. It was an era dominated by patriotic spirit, the need for the union of the Romanian Principalities and the conquest of State independence. Obviously, the medical-sanitary schools of secondary rank, which appeared in Bucharest after 1855, had no right to grant the title of doctor. That is why, following agreements concluded with France and Italy - two Latin sister countries - , the graduates of the first National School of Medicine and Pharmacy, founded by the famous Dr.Carol Davila in Bucharest in 1857, were allowed to continue and complete their medical training in Paris, Montpellier or Turin. Dr. Vercescu's career mirrors all these aspects. He himself obtained the title of doctor of medicine, surgery and obstetrics in Turin in 1865, with a paper addressing the surgical treatment of aneurysms, as it was understood, practised and recommended at the time. His theoretical synthesis, also based on personal clinical observations, was appreciated by Dr. Candido Ramello, a well-known physician from Turin, who dedicated a detailed review to Vercescu's study in the Gazzetta Medica di Torino, in 1865. Still in its infancy, the creativity of Romanian medicine began to manifest itself and Dr.Vercescu's original contribution to the surgical cure of hemorrhoids is an example. Although developed and already performed by him between 1867-1868, his technique was not published until 1900, when it was edited in Craiova, in French language. A comparable procedure was thought up and implemented by the English doctor Walter Whitehead, who had published his data in 1882. This prolonged phase delay disadvantaged the Romanian surgeon, whose name remained largely unknown. It was the surgery professor Ion Jianu (1880-1972) who first attempted to recover this Romanian priority, concretely supported by the operating protocol notebooks of the "Filantropia" Hospital in Craiova, where Dr.Vercescu worked by then. He also published a work on Private Hygiene (1908). Vercescu was particularly active, a good manager and skilled professional, holding numerous civil and military positions. As a military doctor he was eventually promoted to the rank of brigadier general.A good patriot, he participated in the Romanian War of Independence (1877-1878). Then, at an advanced age, after the disaster that occurred in the fall of 1916, he went to the dramatic front in Moldavia (Moldova), the last bastion of the Romanian resistance, to assist the sick and the wounded. Under these circumstances Dr. Vercescu died in Iași towards the end of 1917/1918 (new style).

Keywords: Ioan Vercescu, medicine, aneurysms, hemorrhoids surgery, Romania

Family background, education and professional training. Ioan P. Vercescu (rarely Ion Vergescu) (Fig.1) was born on February 6, 1840 in Cerneți Commune, Mehedinți County, as son to Pârvu Vercescu, who in 1851 was appointed the first mayor of the town of Turnu Severin. Ioan attended primary classes at Cerneți. In May 1856 he entered the service of the Army and continued his studies at "Mihai Vodă" School of Surgery in Bucharest (Fig.2). It opened next to the "Mihai Vodă" Army Hospital in Bucharest on

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Fig.1. Ioan P. Vercescu (1840-1917)

December 5, 1855, and turned into a Surgery School in 1856. At the end of the academic year 1856-1857 he got access to surgical pathology and the surgery clinic. The same year he was assigned as a non-commissioned officer in platoon II Korporalia. Thus Vercescu became a feldsher (surgical assistant) and was also accepted at the National School of Medicine and Pharmacy, created by Dr. Carol Davila on July 29, 1857, and directed by him. Nevertheless at its very beginning, this establishment could not grant doctoral degrees. Vercescu belonged to the first promotion of this pioneering Romanian medical school. On September 1, 1859, the Ruling Prince of the United Romanian Principalities, Alexandru Ioan Cuza, promoted the graduates of this first promotion, including Ioan Vercescu, to the rank of second class battalion doctors, assimilated to the rank of sub-lieutenant, receiving a salary of 333 lei per month. Since 1861, by order no.39 of February 9, he worked as a first class battalion doctor (1, 2). He went on with his medical studies

and got his PhD in medicine, surgery and obstetrics in Turin, in 1865.

In his private life, Dr. I. P. Vercescu had a son, George I. Vercescu, a lawyer by profession, member of the Dolj Bar since October 8, 1897, and prefect of the Dolj County, when Craiova's mayor was his mother's cousin, the lawyer Constantin M. Ciocazan. Then he was appointed General Director of Prisons. But George Vercescu stood out as an opponent of the agrarian reform in his capacity as a large estate owner. In 1921 he was excluded from the People's League Party due to his speech delivered in May in the Chamber, a "contradictory" apology of large property, as the valuable Romanian historian Nicolae Iorga mentioned in his "Memories" (vol. III: 1920-1921).



Fig.2. Bucharest. "Mihai Voda" Monastery, Hospital of the Army and Surgery School (William Watts, after a 1793 Luigi Mayer's drawing, 1809)

Dr. Vercescu, primary physician in the city of Craiova

"Filantropia" [Philanthropy] Hospital. Back to his beloved country from Turin, Vercescu was appointed primary physician of the "Filantropia" [Philanthropy] Hospital in Craiova on August 15, 1867 (Medical Monitor, no. 161), following a successful competition in which he lectured "On Erysipelas" (3). "Filantropia" Hospital had been officially inaugurated in 1856 and was coordinated by Dr. Ludovic Fialla who left for Bucharest in 1867. Dr. Vercescu took over the management of this institution, which Dr. Ion Augustin continued, replacing Vercescu. Dr. Ioan Vercescu developed the Hospital and organized several departments with various medical and

surgical specialties. From the first year as a doctor of this medical establishment, he introduced some original methods in treating patients, such as the use of a sort of oak sawdust as dressing material, and, most importantly, his new procedure for hemorrhoid surgery (1868). The English surgeon Walter Whitehead, who gave his name to the method, communicated and published it 14 years later (1882). Concurrently he created the birth ward (maternity) in 1867, where, for instance, between December 27, 1886 and December 27, 1887, 32 children were born (4). Vercescu stayed at "Filantropia" for 12 years, as primary surgeon (1867-1879). On February 16, 1868, the prefect of Dolj County found "admirable" the condition of the "Filantropia" Hospital both in terms of cleanliness and healthcare quality. These improvements were largely attributed to Dr. Vercescu. It was generally accepted that in those years only Dr. Vercescu and Dr. Augustin's concerted efforts saved this Hospital from being closed (5).



Fig.3.a.A group of doctors at the ambulance of the General Headquarters in Grivita. Dr. Vercescu - the third one from the right; b.detail. (6)



Fig. 3.c.Nicolae Grigorescu.

Dr. Ioan Vercescu (1877)

The Romanian War of Independence. In 1877-1878 he participated in the last Russo-Turkish War, known in our history as the Romanian Independence War, being rewarded for his activity with the Russian order of St. Stanislaus, class II, by "His Majesty the Emperor of all the Russias" (Fig.3).

He was colonel and division chief physician, coordinating the sanitary and medical staff of both ambulances and Regiments. Within the Central Military Ambulance in Craiova, Ion Vercescu acted as the head doctor of the First Division, that later moved to Calafat. In a letter addressed to the press, the genius captain Ioan Botez "severely injured during the Calafat bombings his leg being crushed with shrapnel", thanked Dr.Vercescu who had applied the "tibio-tarsal disarticulation", an operation completed with a "happy success". (1, 6).

Craiova Military Hospital. Besides, Ioan Vercescu was a military doctor. In 1883, the territorial military divisions were transformed into Army Corps, and the residential military hospitals took the title of Army Corps Hospitals (Fig.5). The first commander of the Craiova Army Corps Hospital was Dr. Ioan Vercescu. The Craiova Military Hospital, whose origins date back to 1831, also coordinated the activity of the divisional hospitals in Turnu Severin, Slatina and Pitesti. Col. Dr. Vercescu was a commander of the Military Hospital in Craiova from 1883 to 1897 and 1899 to 1902 (7,8). From a military perspective, in 1879 he advanced to the rank of brigadier general. Between 1897 and 1898, he

held the position of head of the Military Hospital in Bucharest. By 1900 he was also appointed General Inspector of the Romanian Army Health Service (1901-1905). He retired in 1904. In Craiova, Vercescu worked and collaborated with other famous military physicians such as Athanasie Demosthen (Demosthene), Iacob Potarca, Ion Elian, and Ilie Antoniu, the skilled doctor who played a noteworthy role during the Great War (1916-1918).



Fig.5. Craiova Military Hospital. B1 Pavilion that hosted the Surgery Clinic, then the Otorhino-laryngology and later the Ophthalmology Clinics.(7)



Fig.6.Craiova. Vercescu House

Political involvement. Ioan Vercescu got involved in politics, and in 1880 he was elected deputy, supported by liberals (Fig.6).

Scientific and Professional Societies. In 1895-1899 he was member of the *Committee of the Physicians' General Association* (2).

In 1902 the *Medical-Pharmaceutical Circle* was established in Craiova and Dr. Vercescu, one of its founding

members and the oldest of them, was appointed president of this scientific society. He was reconfirmed in this

position in 1906 (9). As stipulated in its statute,



this *Circle* aimed to "serve the scientific interest of its members by convening them at least every 15 days for communications of important clinical cases or for lectures for young people". One of Dr. Ioan Vercescu's presentations dealt for

instance with "The scapulo-humeral dislocations" (9).

Ioan Vercescu, the patriot. When World War I was declared in the Kingdom of Romania, brigadier general Dr. Vercescu, aged 76, did not hesitate to make himself available to the army to take care of the wounded and the diseased (Fig.7). Under the tragic circumstances of this military conflict, general inspector Ioan Vercescu (1917-1918) died in Iași by the end of 1917 (1).

The "Romanian privilege" and Ioan Vercescu's doctoral thesis. As previously mentioned, Dr.Vercescu benefited from a state scholarship and could improve his medical instruction at the Faculty of Medicine and Surgery at the Piedmont Regia University in Turin, where he defended his thesis in 1865. This possibility was due to the agreement reached by the Romanian government with Vittorio Emanuele II, King of Italy in 1858, which endorsed the model of the convention Romania concluded with Napoleon III, King of France, in 1857, the so-called "Romanian privilege". In fact, due mostly to Dr. Carol (Charles) Davila's diligence, Napoleon III signed an agreement, a decree, allowing Romanian students from Davila's School to come to France in order to continue their professional training and obtain a doctorate. In one form or another, this document remained valid until 1933. Therefore between

November 23, 1857 and 1931/1933, diplomas released by the National School of Medicine and Pharmacy in Bucharest and then by the Faculty of Medicine were recognised in France. The National School of Medicine and Pharmacy was transformed into a Faculty of Medicine on November 12, 1869 and in 1889 integrated a School of Pharmacy, upgraded to a Faculty of Pharmacy in 1923.

Since Romania alone enjoyed this status among other foreign states, this agreement was known as the “Romanian privilege” [le privilège roumain]. It initially consisted of exemption from complete schooling and validity of Romanian titles (10, 11). In fact, at that time, i.e. in the second half of the 19th century, further intensified medical relations between Romania and both France and Italy. These initiatives must be equally understood from the perspective of an obviously on the rise European pan-Latinism that was developing, but also from the perspective of the preparation of the union of the Moldavian and Wallachian Principalities, the two Romanian Lands that really united in 1859. Both Napoleon III and Vittorio Emanuele II were very close to Romanian Unionists and supported them. It was a struggle for national identity and unity that Italy also passed through at that very moment. Not haphazardly in 1863, expressing its gratitude towards the Savoy's Government, the Romanian Parliament established at the Turin University the first chair in Italy of Romanian Language, Literature and History, subsidized by the state. Hence, following in Napoleon III's footsteps, on August 15, 1858 “the Gentleman” King Vittorio Emanuele II, “Father of the Fatherland” [“il Re Galantuomo e il Padre della Patria”], issued a decree according to which the graduates of the National School of Medicine and Pharmacy in Bucharest could improve their theoretical and practical training, obtaining a doctoral degree at the Piedmont University in Turin. The decree stipulated that:

Art. 3. – The entrance examination and both private and public examinations of the laureate will be performed by these students in Italian, French or Latin.

Art. 4. – For the admission examination regulations decided for the examination of the 5th

year course will be observed, and for the private and public examinations of the 6th year the same rules will be followed as those decided for the indigenous students of this Kingdom.

These provisions have been officially notified by the kaymakam of Romania, Alexandru D. Ghica, on September 7, 1858. Until 1872, about 40 Romanian graduates from Bucharest obtained their PhD in medicine in Turin. Although in November 1869 a Faculty of Medicine was created in Bucharest, Romanian-Italian relations concerning education further flourished.



Fig.8.a. Janota Sergio. Cover of his Doctoral Thesis, Turin, 1863.



Fig.8.b. Giovanni P. Vercescu. Cover of his Doctoral Thesis, Turin, 1865.

Soon after 1857-1858, six Romanian students benefited from state scholarships enabling them to complete their training and obtain a doctorate abroad: either in Paris, Montpellier or Turin. Most Romanian graduates returning home from

France and Italy became personalities of Romanian medicine.

Among the first students who left for Turin there were Ion Frumușeanu and Sergie Ianota who got their doctorate in 1863, and Gheorghe Economu along with Ioan Vercescu, who got their titles in 1865 (12). More than this, while still a student in Piedmont, Ioan Vercescu supposedly participated in the activity of the *Internatioanl Neo-Latin Society* [La Società Internazionale Neo-Latina], founded in Turin by Giovenale Vegezzi Ruscalla and his son-in-law, Constantino Nigra, in 1864 (13). Ruscalla was a close friend of Romanians, and a great admirer of Alexandru Ioan Cuza, the Prince of the modern Union of the Romanian Principalities (1859-1866).

Dr. Vercescu's two outstanding contributions. Dr. Ioan Vercescu authored an interesting PhD thesis bearing on the *Aneurysms* (1865), then invented and applied an original surgical procedure to cure *Hemorrhoids* (1868).

I. Dissertation on the Aneurysms. In 1860-1861, Carol Davila enrolled in the 5th year, with state scholarships, two of his graduates for human medicine studies at the Faculty of Medicine and Surgery of Turin: Ion Vercescu and Sergiu Ianota. The first to defend his dissertation for the title of doctor in medicine and surgery was Ianota (1838-?), on November 27, 1863, with the thesis Janota Sergio. *Sul metodo subperiosteal*, Turin: Tipografia G. Favale e Comp, 1863, 33 p. (2, 14). (Fig. 8.a)

Ion Vercescu finished and presented his own doctoral paper published in Turin in 1865: *Jonne (or Giovanni) Vercescu. Sugli aneurismi. Dissertazione inaugurale* sul tema estratto a sorte secondo il prescritto dalla circolare, il 24 aprile 1864 e *Osservazioni di pratica medica e chirurgica* presentate e sostenute nel pubblico esame generale di Laurea, da Giovanni P. Vercescu da Turnu Severinu, Distretto Mehedinți (Romania). Già Allievo interno nel R[egio] Ospizio di Maternità, per essere dichiarato dottore in medicina, chirurgia ed ostetricia nel Regno d'Italia. Addì 14 novembre 1864. Torino: Tip. Falletti, 1865. p. 144, con ill., 1 tab. [Dissertation on the aneurysms. Inaugural Dissertations on the topic drawn by lot according to the provisions of the circular of 24 April 1864

and *Observations of medical and surgical practice* presented and defended in the public general Degree examination by John P. Vercescu from Turnu Severinu, Mehedinți County (Romania), former internal student in the R[oyal] Maternity Hospice, in order to be declared doctor of medicine, surgery and obstetrics in the Kingdom of Italy. On 14 November 1864. Turin: Falletti Printing House, 1865, p.144, with illustrations, 1 plate] (15) (Fig.8.b). A detailed review of this dissertation was published by a well-known personality in Turin, Dr. Candido Ramello, in the [Turin Medical Journal. Former Sardinian Provinces], 1865, year 16, n.15, pp: 118-119 (Fig.9). His impressions are reproduced below (16).



Fig.9.a. Gazzetta Medica di Torino. Già Provincie Sardi. Scienza. Progresso.Istruzione [Turin Medical Journal. Former Sardinian Provinces. Science.Progress.Instruction] Year 16, n.15, Turin April 10, 1865.

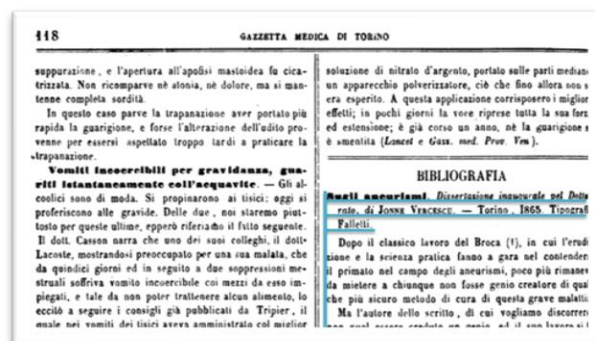


Fig.9.b. Gazzetta Medica di Torino. year 16, n.15, Turin April 10, 1865. **Bibliografia.** *Sugli aneurismi. Dissertazione inaugurale per il dottorato di Janne Vercescu* - Torino, 1865. Tipografia Felletti

The first lines of Dr. Ramello's review (16). After Paul Broca's classical work (17) where erudition and practical science compete to assume primacy in the sphere of aneurysms, there was little left to be done for anyone who was not a creative genius able to create a safer method of treatment of this serious disease. But the author of the writing, about whom we want to talk, does not want to be believed a genius, and his work presents itself modestly under the humble cloak of the Doctoral Dissertation. If you read the preface of this monograph on aneurysms, you will see that the author's purpose was only to leave a memory to his Italian teachers, colleagues and friends, whom he was preparing to leave, going back to Romania, his homeland. But this memoir is of real value and brings into focus everything that has been written about aneurysms. It is a monograph of almost 140 pages, illustrated by 50 figures, out of which at least 18 are original and are those that refer to spontaneous cystogenic, crateriform, fusiform, sacciform, and dissecting aneurysms. Once their history is presented in a general way and a clear classification of them is made, the author exposes their etiology, symptomatology, diagnosis and pathological anatomy, making a luxury of quotes, which show how much effort such work cost him. But where he proves his full strength is *the cure of this disease*. He nicely reviews all the methods, divides and sub-divides them to examine them individually in a truly German order and constancy. But too didactic in form because of the divisions and subdivisions, he cannot highlight as it should, the value of the therapeutic approaches described and the mutual support they can give each other. Lacking long practice, which is the polar star of any writer on medical matters, he sometimes gropes forward, so that the reader cannot but be invaded by that spirit of uncertainty which governs the author himself in his work. Thus, for example, speaking of Valsalva's medical treatment of internal aneurysms of the heart and large vessels, Vercescu would like to admit it as true and deny it as false, he outlines the need to strictly apply it according to the author's precepts and at the same time he deplors the damage of a too debilitating system, recognizes the need for absolute rest and adds that

allowing the sick getting up every day for a few minutes can only be useful to him. The author, convinced of what he says, irrespective whether his idea is correct or not, expresses himself in an absolute way.

This is how he presents Laënnec, author of the "Treatise on Mediate Auscultation" [*Traité d'auscultation médiate*], the intrepid partisan of the Valsalva method, clearly establishing that "ce traitement doit être fait d'une manière énergique et, en cherchant à affaiblir le malade, il faut beaucoup plus craindre de rester en deçà du but que de le dépasser" ["This plan must be carried into effect with activity, especially at the beginning; and there is much more fear that in our endeavors to reduce the patient, we should stop short of the mark, than that we should go beyond it"] (18). And if he sometimes prescribes two apparently opposite practices, he does not fail to give you the explanation of that apparent contradiction at once; and if, for an internal aneurysm, he prescribes absolute rest in a supine position, he does so with the intention of producing a welcome cardiac sedation, while with a prolonged walk "marche prolongée, mais à très petits pas", imagined by Morgagni and first formulated by [Cruveilhier] (19), a quantity of blood is directed to the muscles of the lower extremities, always with the notable advantage of obtaining a calm heart, so that, when certain limits are exceeded, a real lipothymia occurs.

Vercescu speaks, and speaks well, about the compression of aneurysms, but he does not insist enough on the advantages gained through this conservative surgical therapy, which has gained a lot of momentum these days; so great that surgical intervention is considered an extreme solution, to be applied only when other methods have failed. Perhaps, unlike us - i.e. Dr. Ramello -, you were not convinced by the fact that such aneurysms accessible to this surgical technique can be cured or greatly improved by the continued use of compression, either digital, recommended by Tito Vanzetti (20), or instrumental with the devices specially designed by Philibert Joseph Roux, Marcelin Jean Charles Duval, Paul Pierre Broca, maximum when associated with the internal treatment of Albertini and Valsalva (21); perhaps you were not

impressed by the observations published until 1840 by Gilbert Breschet of two large popliteal aneurysms, cured in this way (22), and the 116 cases of healing obtained by Broca out of its 163 applications (17), in addition to those published today by the national press and abroad. Surely he could not but admit that, following the numerous cases of aneurysm to which compression had been applied in the Turin hospitals, which he frequented assiduously, the application of compression, slowing the circulation and favoring the deposition of fibrinous clots destined to obliterate the arteries, opened a wider path for the blood through the collaterals, and rendered indirect compression, which consists of the ligation of the artery above the aneurysmal sac, safer and more effective. Regardless of his critical observations, Dr. Ramello believed that Vercescu's monograph was a beautiful work, surpassing most of those published by other young doctors in similar circumstances.

Who was Dr. Ramello? Dr. Candido Ramello (1840-1903) was born in the province of Savona (today in Italy). He studied medicine in Turin, and specialized in Obstetrics and worked as a primary at the Mauriziano Hospital. In 1866, he was appointed vice-director (deputy head) of the Turin Hygiene Office [Ufficio di Igiene di Torino] that by then was a section of the Police Office [Ufficio di Polizia]. In 1884, he was appointed medical head of the Office and held the position until his death due to a minor while he was working in his office in 1903, a few days before turning 63. Under his direction in a few years he became the first modern Hygiene Office, a model for many other Italian cities. Ramello dedicated himself in particular to the treatment of infectious diseases, and thanks to him, the Serotherapy and Vaccinogenic Laboratory along with the Antirabic Institute were established in the city of Turin. Dr. Ioan Vercescu himself authored a book on "Private Hygiene", in 1908 (23).

A short history of aneurysm therapies until 1865. A back glance in the medical history of the 19th century points out that the surgical cure of aneurysms was an important issue indeed. Until today aneurysms represent an acute life threatening condition and various therapies have

been imagined in order to cure them from ancient times. In the 18th and 19th centuries anatomy, pathological anatomy, physiology and surgery were substantially enriched and little by little the treatment of aneurysms began to find its way. Anatomico-clinical medicine associated with physics, mechanics and chemistry and new therapeutic approaches were envisaged. Aneurysms had different causes, not always correctly identified. They could be traumatic or possibly induced by syphilis and other infectious disease or inflammatory processes. Belonging somehow to traumatic aneurysms, one of them was provoked by venesections. Apart from simple aneurysms, excessive phlebotomy often caused direct communication between the artery and vein, due to accidental piercing of an artery. Arteriovenous aneurysms could result, first diagnosed seemingly by both William Hunter and John Hunter around 1757 (24, 25). Ligation of the wounded artery had been practised since ancient times, Galen, Paul of Aegina, Paré, e.g., did it. In 1761, Dr. Richard Lambert of Newcastle upon Tyne, reported the way in which a small tear in the brachial artery was repaired by approximating the wound edges with a small steel pin; a ligature about the pin approximated the wound, controlling bleeding (26). Now, in the modern era, it was the same John Hunter to whom ligation of arteries and treatment of peripheral aneurysms are almost universally attributed. In 1769, Clegton named them *aneurysmal varix*, displaying dilation and tortuosity of the artery at the site of the fistula. One century later, in 1856, Broca described "varicose aneurysm", corresponding to direct communication between artery and vein by an interposed false aneurysm. Aneurysm treatment was classified by Paul Broca who distinguished between immediate and mediate compression, which in turn could equally be direct, indirect or general (17). Direct immediate compression meant opening of the aneurysmal sac and trying to stop bleeding by applying, e.g. agaric patches; indirect immediate compression consisted of surgical ligation of the injured artery - laying open the sac and tying all bleeding points could be quite successfully practised upon minor aneurysms; immediate circular compression was achieved by using a

tourniquet at the level of the aneurysmal tumor; mediate compressions could be direct, i.e. applied on the tumor, or indirect, i.e. exerted on the arterial trunk, either above, or under the tumor; an example of general compression was a bandage extending from a limb extremity, covering the arterial tumor, upon which it exerted direct compression, and going above it (17). Sometimes direct mediate compression was obtained by acupuncture and wire compression of the aneurysm sac (the artery with some soft tissue around it was encircled), as a substitute for ligature. The idea of compression of the artery above the tumor was not unknown. As Stimson reported in 1885, in 1761 Kretschmer treated a traumatic aneurysm, produced by a gunshot wound of the brachial artery, by direct pressure upon the tumor and by a tourniquet on the lower portion of the axillary artery; the latter was kept in place for three months, and the patient was completely cured. Against popliteal and femoral aneurysms amputation of the limb was sometimes the only mutilating solution (24).

From compression and ligatures complications could result, like infections, gangrene, persistence or recurrence of arterio-venous aneurysms and, obviously, secondary hemorrhages, a principal cause of death.

Antonio Valsalva and René Laënnec diagnosed and characterized aneurysms and recommended therapies they considered useful: fasting, bleeding and almost absolute rest were intended to prevent aneurysm rupture. Reduction of the circulating blood flow by repeated bloodletting and low diet were advised; application was limited – not more than 40 days, and then, little by little, a return to normal. Valsalva's treatment did not involve profuse bleeding, but repeated bloodlettings in decreasing quantities, rigorous poor diet, and bed rest in supine position. The treatment was to be applied only in rather young and robust patients, able to recover. It was credited as a cure and not a palliative therapy (18, 20).

Induction of clot formation, by electricity – galvanic puncture or galvanic clotting –, foreign bodies, such as needles inserted in the arterial wall, used to be other solutions. Centuries ago Ambroise Paré also considered thickening and

calcification of the sac walls as apt to prolong life. Therefore, after John Hunter's success in ligating arteries to treat peripheral aneurysms, generating intraluminal clots was another approach (25). Needles,

connected or not to electricity sources, illustrated such an updated method (27, 28).

Hunter, Laënnec, Corvisart, Valsalva, Albertini, Cruveilhier, Vanzetti, Roux, Duval, Deschamps, Velpeau, Desault, Broca, Breschet, among many others, they all tried to find real solutions to aneurysms. A major breakthrough was to occur only by the end of the 19th century, when Dr. Rudolph Matas, whom William Osler called "the father of vascular surgery", devised a reconstructive method known as endoaneurysmorrhaphy. Internal repair of aneurysms enabled blood flow continuity to be restored, since a tunnel was created through the remaining normal portion (29).

Certainly, Dr. Vercescu's thesis did not exhaust the long way of aneurysm surgery, but pointed out some landmarks of its history at the crossroads between the 18th and 19th centuries.

II. The original Vercescu procedure for hemorrhoids surgery. Probably the fact that Dr. Vercescu was so familiar with vascular surgery enabled him to devise and implement in his activity an original technique for treating hemorrhoids, even though this was a venous pathology. However, varicose dilations in veins were frequently defined as "venous aneurysms". In 1868 Dr. Vercescu imagined and applied his original method that he subsequently improved. Unfortunately, it was only in 1900 that he had his method published in French at Craiova, a town in Southern Romania, not far from Bucharest: "*Sur un nouveau procédé d'extirpation des tumeurs hémorrhoidales*" [On a new procedure for extirpating hemorrhoidal tumors], par le Docteur I. Vercescu, Médecin inspecteur, Général de Brigade, Inspector Général Technique de la Région Sanitaire du I-er et II-e Corps d'Armée, Ancien médecin en chef de l'Hôpital Filantropia de Craïova (Roumanie). Craiova: Etablissement Industriel pour les Arts Graphiques Ralian & Ignat Samitca, 1900, 7 p., 8 pl. (30). The paper was illustrated with color lithographs.

Vercescu's Priority. Although developed and already successfully implemented by him between 1867-1868, his technique, particularly applied when treating hemorrhoids (hard, circular, tumorous piles) was not published until 1900 and only in Craiova, even though it was in French. Around 14 years later, a comparable procedure was thought up and put into practice by the British doctor Walter Whitehead (1840-1913), who gave his name to it. Unlike his Romanian contemporary Vercescu, Dr. Whitehead had published his comparable method long before 1900, in 1882 (31). This prolonged phase delay disadvantaged the Romanian surgeon, whose name actually remained unknown. As Vercescu himself confessed, the operating records of the "Philanthropy" (Filantropia) Hospital in Craiova from 12/24 May, 1872, page 132, included his method: "Some colleagues from the "Philanthropia" Hospital in Craiova (Romania) finding, by chance, in the operation notebook (...) of this institution a procedure practised by me when I led the service, asked me to publish it.." (1).

But because it was published late, the medical world had already recognized this surgical cure as the Englishman Walter Whitehead's method. It was the surgery professor Ion Jianu (1880-1972) who first attempted to recover this Romanian priority, concretely supported by the operating protocol notebooks of the "Filantropia" Hospital in Craiova, where Dr. Ioan Vercescu worked by then. Jianu discovered it while working on a monograph on the sanitary status of the Mehedinți County and mentioned it in his communication entitled: "Radical cure of hemorrhoids by the Vercescu-Whitehead procedure, performed with my tweezers", in which he revealed "Vercescu's authorship of this procedure" (1). Not only did Professor Ion (Iancu) Jianu raise the issue of Dr. Vercescu's original method, but he claimed this Romanian surgeon's priority. Later other Romanian specialists supported this fact and, in Romania, the technique is equally named Vercescu-Whitehead procedure (32, 33, 34).

The therapeutic approaches to hemorrhoids continue to look controversial; the choice of treatment method depends on the grade of the

hemorrhoids and the surgeon's experience. Hemorrhoidectomies are the oldest and most common surgical techniques used for the treatment of hemorrhoids. Hemorrhoids are mainly divided into two types: external and internal. They are also described on the basis of size and clinical findings; additionally, internal hemorrhoids are subdivided into four grades. As often specified, the Whitehead procedure still provides good results in patients with prevalent peripheral prolapse and/or thrombosed hemorrhoids (33). If properly practised in selected patients, it remains one of the best surgical options for end-stage hemorrhoids (35). Skilled surgeons and correct indications render the morbidity rate by this procedure similar to that of other methods (36).

Vercescu's hemorrhoid surgery

"This operation, applied in the case of hemorrhoidal tumors and practised since 1868, either at the hospital or in my private clientele, whenever its indications were present, has given me nothing but excellent results. The advantage of this procedure lies in the fact that it can be done quickly, when it comes to intervene on organs that are completely covered and permanently soiled by faeces - like the rectum - being a simple, accurate and aesthetic procedure. Here is his technique (1, 30)

After all antiseptic and aseptic precautions have been taken:

1. the patient lies down in dorsal decubitus with the lower extremities bent away by two aids;
2. then, with great care, an anal speculum with valves is inserted into the rectum, following the usual rules;
3. the speculum, held with the left hand, is open and fixed; the rectum is dilated; then a cork cylinder is slowly inserted into the rectal cavity (this cylinder is composed of several plugs, fixed end to end on a metal wire);
4. the cylinder is fixed and kept in this position, solidly applied on the valves of the speculum; then with the right hand, its valves are gently tilted and by small tractions exerted on it, it will be removed in such a way that the rectal walls remain attached not to the valves of the speculum which was removed, but to the surface of the cylinder in question;

5. the anal skin is then fixed to the cylinder with the help of Karlsbad needles (pins), implanted obliquely from front to back and from the periphery towards the center, in such a way that they allow the knife to pass between the needles and the soft parts (Fig.9a.);

6. the cylinder handle is held by the left hand; with a knife in the right hand, the soft tissues located in the area delineated by the needles are incised, starting in the most sloping region and cutting the skin in all its thickness;

7. then they begin to be detach, by dissecting the diseased portion (mucosa) of the intestine, from the adjacent parts, always taking care to proceed from the outside to the inside of the body; at this moment, a few small pulls are exerted on the cork cylinder; the cylinder covered by the intestine, and isolated from the surrounding soft parts, can be easily descended, as needed, in order to be able to examine, as if from a box, and appreciate the stage of the lesions by which the rectum is affected (Fig.9.b);

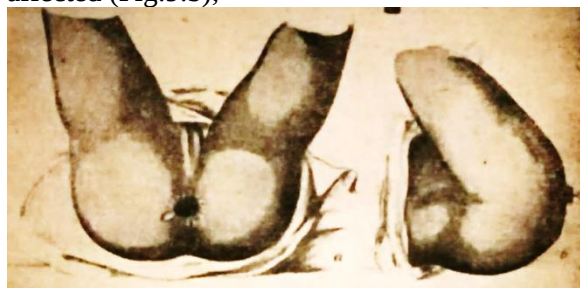


Fig.9.a. Vercescu procedure. Stages 3-5. Illustrations from Vercescu's paper "Sur un nouveau procédé d'extirpation des tumeurs hémoroidales"(30)

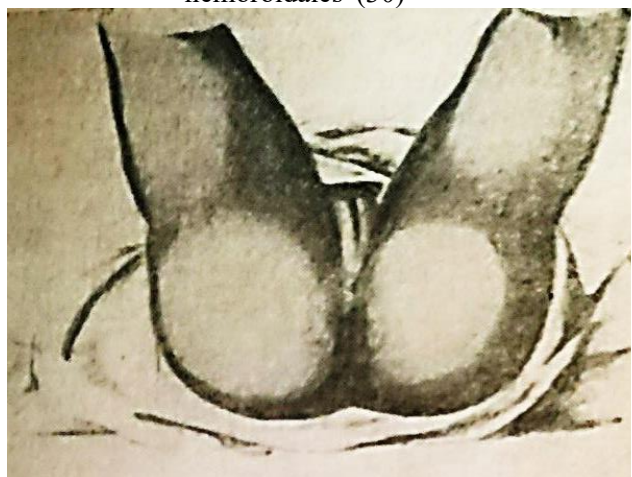


Fig.9.b. Vercescu procedure. Stage 7, in his paper

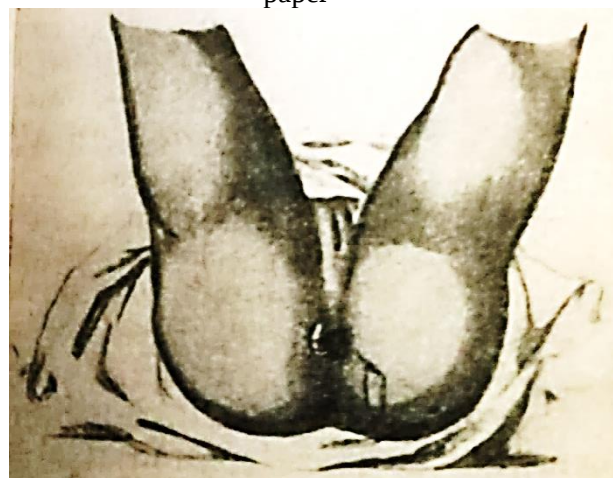


Fig.9.c. Vercescu procedure. Stage 10, in his paper

8. if the lesions found — hemorrhoidal tumors etc., etc. are curable, they can be removed or scraped; the areas lacking continuity are livened up and sutured; finally, the cleaning is done and the cylinder covered by the intestine is inserted so that it occupies the same position it had before the operation;

9. otherwise, if the intestine is completely riddled with lesions, one tries to specify the boundaries between the diseased and healthy part and then proceed to fix the latter healthy part to the cylinder, pushing the needles perpendicularly from the periphery to the center, immediately at the level of the anal orifice; once this is done, the surgeon, with the help of the knife, a few millimeters outside the circle of needles, makes a circular incision

on the intestine, thus separating the diseased portion from the healthy one;

10. then the surgeon proceeds to join, with the help of uninterrupted sutures, the healthy intestinal edges to the anal skin; this step must be carried out gradually in such a way that, when the needles are removed one after the other, the suture is finished (Fig.9.c);

11. the anal region is cleaned; all that remains is to remove the cork cylinder; for this, graduated tractions are

made that allow it to be removed and, if necessary, several movements can be applied in

all directions without any inconvenience; in case the intestine would be too adherent to the cylinder and consequently its removal would be difficult, a small amount of liquid vaseline can be injected between the cylinder and the intestine, which will facilitate the removal of the cylinder; the surgical intervention ends with the application of a dry or wet dressing, as desired" (1).

Comments. When publishing his method in 1900, Vercescu stated that the above procedure was used — in the case of large, circular hemorrhoids — at the "Philanthropia" Hospital in Craiova for more than 30 years. Comparing the operative technical principles of the "Vercescu method" with those of the Whitehead method, they look quite similar. According to Prof. Samuel Izsák, a reputed Romanian historian of medicine and pharmacy, Prof. Ioan Danicico (1899-1981), in his capacity as head of the II Surgical Clinic in Cluj, in a letter addressed to the Institute of the History of Medicine regarding the two methods, outlined that:

"Dr. Vercescu's method is based on exactly the same principle as the Whitehead method. In both, the anal mucosa bearing hemorrhoidal varices is lowered, through dissection, removed and then the healthy mucosa is sutured to the edges of the integumentary wound. The distinction resides in the means and therefore, to some extent, in the execution technique. Namely, when Vercescu, in order to be able to fix, dissects and then lowers the anal mucosa bearing hemorrhoids, he resorts to a cork plug, on which he fixes the mucosa with needles (Vercescu predicted this operation when hemostatic tweezers were not known), whereas in the Whitehead procedure, a gloved finger and fixing clamps are used, and thus the anal mucosa fixed by the clamps is dissected on the finger and pulled down to the diseased region. But the operation ends the same way: the healthy mucosa is sutured to the edges of the integuments. And still another small difference: in some cases, Vercescu contented himself only to clean the anal mucosa from varicose veins if no solution of continuity existed, and he no longer resorted to its resection, but just resutured it to the integumentary wound.

Generally, this technique is no longer performed. However, in some cases at least, it could avoid a

dreaded complication of the Whitehead method: the retraction of the mucosa and cicatricial stenosis of the anal orifice. Prof. Danicico confessed to have met such a case in his clinic, operated by a colleague using the Whitehead procedure, which caused this complication (1). Even though not officially recognized on an international level, Vercescu's original operative technique for the cure of hemorrhoids forming more or less unique circular tumors, which are hard, irreducible, and reach a considerable size, illustrates a step forward of early Romanian surgery, expressing skillfulness, inventivity and capacity of overwhelming difficulties, Romanian medicine was confronted to since its very beginning.

Conclusions

General Dr. Ioan Vercescu (1840-1917) is an emblematic Romanian surgeon of his time, yet an almost forgotten figure. His biography reflects his epoch, the main issues of Romanian history, including social, academic and scientific development, which paralleled patriotic feelings and national emancipation, state unification and fight for independence. The paradigm of Western European integration of the Romanian Principalities and then of the Romanian Kingdom is obvious at the crossroads of the 18th and 19th centuries. The relations Romania strengthened with both France and Italy favoured the overall progress of the country. Dr. Vercescu's studies in Turin, together with his use of French as an academic language support this fact. In his doctoral thesis, edited in 1865, he achieved a good synthesis concerning the surgical cure of aneurysms at that moment, concurrently reviewing, in its main points, the history of the topic. His reviewer, Dr. Ramello, defined "this memoir ... of real value (...) a monograph of 140 pages, illustrated by 50 figures, out of which at least 18 are original". In Romania he is specially known for his original contribution to the surgical treatment of hemorrhoids (1868), similar to that Dr. Walter Whitehead practised and published 14 years later (1882). Proved by documents, his procedure was ignored by contemporaries. Trying to recover a lost chance, Romanian medicine calls now this technique the Vercescu-Whitehead method. Even though largely ignored,

Dr. Vercescu remains one of those national medical forerunners to be honoured for having never lost courage in face of adversities, for his creativity, managerial qualities, professional and social consciousness.

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